Return To:

Trash & Recycling Program 1 Holden Street Holden, MA 01520 508.829.0233 Fax (508) 829.0280



This will go into effect when it is filled out and returned to the Trash and Recycling Department. We do not pro-rate any unused portion of your monthly billing cycle.

Alternative Solid Waste Disposal Form

Owner's Name			
	Last	First	Middle
Tel. # to contact you			
Property Address			
	Number	Street	
Address of Owner			
(if different)	Number	Street	
	Town	State	Zip
No Service Required	d (please check one)	As of (date)	
Dwell	ing is vacant		
Moving out of Holden		Transfer date of property	
Decea	sed		
Other	(please explain)		
Alternative method	of collection and disposa	(check one and fill or	at necessary info.)
Private Hauler			(Name of Company
Disposed at a se	lf-owned business		(Name & address)
Disposed at place of business			(Name & address
Signature of Property Owner			

^{**} TOTERS MUST BE VISIBLE FROM THE STREET IN ORDER TO BE PICKED UP. THEY MUST BE CLEAN AND FREE OF TRASH AND RECYCLABLES OR A FEE OF \$25 WILL BE CHARGED ON FINAL BILLING.

^{***} This form must be completed and signed by the property owner. The Town of Holden requires that this form be on file with the Town of Holden before suspending billing for municipal solid waste collection.